ICS Fistula Committee Meeting Agenda

Date; Tuesday 27th August 2013

Venue; Centre Convencions Internacional de Barcelona (CCIB)

Room; M213

Time; 07.00-09.00

Attending: Sherif Mourad (Chair), Diaa Rizk, Jacky Cahill, Suzy ElNeil, Gill Karsenty, Chris Payne, Ervin Kocjancic , Limin Liao

Apologies: Sophie Fletcher

In Attendance: Gill Brook

Also in Attendance; Jenny Ellis, Elise De

1. **Committee Picture to be taken**

Committee picture was taken.

2. **Approval of London Committee minutes (attached)**

SM welcomed everyone to the committee meeting; this will be SM's last meeting as Chairhis, and congratulated Suzy on her new position as committee Chair.

The London minutes were nominated by JC and seconded by SEN

3. **Terms of Office & Terms of Reference review (attached)**

SF can renew TOO for a second term, JE to contact to see if she would like to stay on committee.

Action: JE to contact SF to ask if she would like to renew for a second term

HS raised that SM should stay on the committee, seconded by DZ AS. The committee agreed to address board of trustees to extend the work of SM as a member to follow up on projects that he started and are not finished yet since he has most of the leads. SEN to request Board approval.

Action: SEN to request Board approval for SM to stay on the committee.

SM welcomed Gill Brooks to the committee.

4. **Update and feedback from the 10th Anniversary of the UNFPA International Obstetric Fistula and Working Group celebrations on 23rd May 2013**

SEN felt that few surgeons represented at the event- of 400 attendees. There was little advertisement of the meeting. There was a need for more urologists/gynecologists.

5. **Initiatives/projects to improve obstetric practice in parallel with the current focus on conducting training workshops for fistula repair-discussion.**

AS stated that 150 surgeons pitched in voluntary. UNIFPA need a member to start communication, SEN highlighted that they don't have much money- they also only have 1 meeting a year. AS asked

what would be ask for? SEN stated training. AS felt that we need to deal with the differing zones. SEN felt that diversion/complications is what surgeons want to receive training in, CP agrees- we need to be clear about what we do, people need to know what we can contribute.

SEN felt that we should be working on linking surgery with preventative care, post surgery incontinence is important. DR asked if IUGA were working on this? Not known. – IUGA's fistula committee was disbanded 2 years previously.

6. Patient education and preventative measures discussion

ED stated that the education committee was keen to commission a workshop on fistula prevention which could be an e-learning course. SM had invited ED to attend to highlight this opportunity to the committee. The primary focus could be for nursing or physiotherapy staff in third world countries. ED suggested that the committee work directly with the education committee on the proposed course.

Action: Committee to work with Education Committee on proposed e-learning course.

This would be a free e-learning course (no membership required) to ensure that this gets out to the people who need it.

SEN felt the proposed programme was good- a split between surgery and nursing. This would need to be a whole day meeting. EK felt that this wouldn't happen in Rio due to limited space. JE suggested a separate to workshop programme- this would need Board approval. The committee was conflicted on this suggestion. EK suggested that this could take place in 2015 as we would have IUGA members there too. SEN suggested that we look into this further with a view to film in 2015.

Postscript; the ICS BOT has decided against this meeting taking place

7. Fistula workshops

SM felt that the workshops were very successful to date- 5 so far. SM highlighted that it was a struggle to obtain sponsorship for the workshops. There were also a few problems with the workshop e.g. the participants came from all over the world except Africa for example! But this is common for these types of courses. SM acknowledged that we were therefore not hitting our target audience- we need to brainstorm how to hit target audience.

Action: Committee to brainstorm how the workshops can hit the target audience.

CP agreed this was a good idea. EK greed and felt we should approach medical organizations in the local area to see if they have members who would benefit from this training.

JE suggested that the committee send a list of organisations to the office and we can create a flyer which we could send out in a targeted email.

Action: Committee to email list of African medical organisations for targeted mail out.

Action: JE to liaise with RB to create a flyer for mail out.

SM & SEN felt that we need to review the workshops and see how we should proceed. SM highlighted the comments from delegates who expressed safety concerns regarding training locations. AS highlighted that we had received offers from Rwanda to do the training- there is no fistula training there. This is something to be considered. HS felt that the workshops were very important for the committee and ICS as a whole.

SEN expressed an interest in GK & CP's view as they both have a lot of experience in Africa.

CP is on the fistula fund sponsoring 1 surgeon to receive training we experienced two reactions to

this one wanted help and one started off keen for help.

GK found in his experience that 1 surgeon receiving training (to then train other members of staff in their hospital) was positive. GK had done this in France and found that the surgeons developed their knowledge from papers rather than hands on training- so this is very beneficial to them. Personally a book on techniques would be useful and could be easily distribute to the people/areas that need it. SM stated that the working group of workshop has published a paper. GK felt we need to work together to produce a new paper.

8. **Uganda Fistula Center**
   > Basic criteria for a "Center of Excellence" that the ICS might support

9. **Collaboration with FIGO**

SEN confirmed that FIGO have changed the fistula programme, we will know by September what the changes are.

Action: SEN to confirm the FIGO changes to the committee when known in September.

10. **Teach trainees in the workshops, in addition to the basic surgical skills of fistula repair, some simple techniques or procedures that can improve the outcome of fistula repair (like using autologous fibrin glue).**

11. **Developing some scientific collaboration between the committee members.**

Following the above discussion the committee stated that there was not enough trained midwives in Africa. This could be an area for future training. SM advised that we would need to work with the PCC & CPC to raise awareness of these issues, on behalf of ICS. SM highlighted that we have a video on the website- we need to get this out. JE advised that the office can email this out.

Action: SM to send list of organisations to office that the fistula video needs to be emailed to.
Action; JE/SM to work on the wording of the email for the fistula video mail out.

12. **Subcommittees**
    > Do we need to form new committees?

    DR asked what the obstetric group do? SEN advised not sure what the role is now but it was for teaching/training, the current aims are not clear- there is a move toward preventative care. SEN felt that we need to dissolve the subcommittees, SM agreed. Initially they were set up to outline people's roles but now not needed.

    Action: JE to remove subcommittees from the website.

13. **Fistula surgery technical book discussion**

The committee discussed to have collaborative scientific work to be published. Two types of work were suggested. A book for surgical techniques for repair of different types of fistulae and those for treatment of complications of GVF. The second is to produce a paper for suggested topics to be addressed in each member work.

GK suggested that we could create a simple surgical book; SEN had been approached to contribute and edit a similar book. GK was invited to contribute to the proposed book. SEN will send the draft version to the committee to review and members can contribute where applicable.

Action: SM & GK to work on draft technical book.

Action: SM to provide a copy of the draft book to members to review and contribute.

14. ICS Fistula surgery fellowship discussion

See point 8 discussion.

15. AOB

IUGA would like to conduct a closer collaboration with the committee/ICS. SEN to provide further information when received.

Action: SEN to provide information on an ICS-IUGA collaboration.

DR asked for fistula committee to fund SM attendance at the forthcoming Nepal course, the committee need to discuss and contact Board

***Post script**; Committee decided that this would be proposed to the board as extra budget for guest lecture and this was requested post meeting.*

Following this request the committee have discussed this further and decided to keep all guest lectures under the responsibility of the Education committee

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Apologies: Sophie Fletcher

In Attendance: Gill Brook

Also in Attendance; Jenny Ellis

Please be aware that the below timings are approximates for each point.

Committee Picture to be taken	07.00-07.05
Approval of London Committee minutes (attached)	07.05-07.10
Terms of Office & Terms of Reference review (attached)	07.10-07.15
Update and feedback from the 10th Anniversary of the UNFPA International Obstetric Fistula	07.15-07.25
Working Group celebrations on 23rd May 2013	07.25-07.30
Initiatives/projects to improve obstetric practice in parallel with the current focus on conducting training workshops for fistula repair-discussion.	07.30-07.45
Patient education and preventative measures discussion	07.45-07.55
Fistula workshops	07.55-08.10
Uganda Fistula Center > Basic criteria for a "Center of Excellence" that the ICS might support	08.10-08.15
Collaboration with FIGO	08.15-08.20
Teach trainees in the workshops, in addition to the basic surgical skills of fistula repair, some simple techniques or procedures that can improve the outcome of fistula repair (like using autologous fibrin glue).	08.20-08.25
Developing some scientific collaboration between the committee members.	08.28-08.30
Subcommittees > Do we need to form new committees?	08.30-08.40

Fistula surgery technical book discussion	08.40-08.45
ICS Fistula surgery fellowship discussion	08.45-08.55
AOB	08.55-09.00

Minutes of the ICS Fistula Committee Meeting

10th February 2013, 14.00-17.00, Sheraton Heathrow, UK

Attending: Sherif Mourad (Chair), Jacky Cahill, & Suzy Elneil
Also in Attendance: Patricia English, Fistula Project Manager for FIGO

1. **Zonal Subcommittees activity review; 2 zones east and west**
   It was found that no zonal activities were encountered along the last years and hence we see it is better and more reliable to work in 2 zones only and those would be the East and West Africa Zones. East Africa is well taken care f by the team of Sherif, Hassan, Ahmed and Yassin. The west zone will be supervised by Suzy Elniel in the Anglophone area and Gill Karsenty in the francophone area.

2. **Awareness Missions to Sophie Fletcher**
   We shall discuss with Sophie Fletcher if she can come up with a programme for fistula awareness.

3. **Fistula Events 2013; Uganda 3 in June**
   Next event will be Uganda in June 2013

4. **Fistula Committee Website Sophie & others**
   Sophie Fletcher & others are working on this mission and we shall look at the progress with them.

5. **Fund raising follow-up Jacky & Suzy & Ahmed & Sherif**
   Jacky & Suzy & Ahmed & Sherif will be looking at different options in the form of preparing fund raising modules for donations, equipment's, surgical kits.

6. **Research Projects.**
   Antimuscarinics pre and post fistula repair (on going).

7. **Fistula Center in Uganda/ Sponsorship of Uganda center – donation**
   This issue was discussed in more details after our last workshop in Uganda and we approached the different authorities in Kampala till we reached a preliminary memorandum of collaboration. The Ugandan people will offer us a ready built department already used for gynecology and fistula patients. We think it is a great opportunity for the ICS to be the leader in initiating such an International Center in Africa. We looked at the chances of direct donations, or of collaborations with other societies and organizations.

8. **Communication with the FIGO/ Training Manual**

   There was a discussion mainly about the possible collaboration of the FIGO as organization with the ICS to open the International Fistula Center in Uganda>

   The first aspect was using the FIGO manual of surgical training of fistula repair to be used at the center for the training and treatment of fistula. The second aspect is the possibility of donations from the FIGO to push with ICS in creating the new center.

   Patricia was open to the discussions and promised to put it on the next board meeting for actions.

9. **Communication with UNFPA**

   Suzy will continue on communicating with the UNFPA with regards to the surgical kits donations, the collaborations in the fistula missions and the Uganda center support.

10. **Surgical kit by UNFPA**

    This issue was discussed with the UNFPA in details by Ahmed Saafan in Bangladesh during the last ISOFS meeting and he brought the different available kits that the UNFPA had prepared. We might be able to create a simpler one and ask the UNFPA to consider it for donating our fistula missions.

ICS Fistula Committee Terms of reference

Mission: To reduce the number of obstetric fistulae worldwide through education, advocacy, and collaboration. The ICS Fistula committee will lobby to unite organizations to prevent duplication of efforts and to evaluate outcomes.

Background: Obstetric fistulae are pervasive in some countries as a result of poor prenatal care, female genital mutilation, early age of pregnancy, and poor delivery practices. Currently, prevention strategies are limited in effectiveness and physicians do not have the knowledge to effectively repair fistulae when a woman presents with problems. Women suffering from obstetrical fistula can have urinary and/or faecal incontinence so severe that they are ostracized in their communities. Hospital services are limited and often long distances from the woman's home village. Many international groups are involved in aspects of fistula management and this can lead to independent and less effective approaches to care than if services were united.

FUNCTIONS:

- Research:
    - Collect data (or use existing data) on the prevalence of obstetric fistulas and incontinence
    - Determine target area for ICS involvement based on prevalence data, existing services, and perceived need by community
    - Collect data on the subjective impact of obstetric fistula
    - Determine focused need for ICS fistula committee involvement based on services available, number of potential patients, healthcare professional support, and building/infrastructure.
    - Focus, based on the above, on two or three key areas for education and support.
- Education:
    - Provide 2 ICS endorsed Training sessions annually to healthcare professionals involved in ante and post natal care to 'train the trainer' and increase clinical skills in voiding dysfunction, Obstetric Fistula and treatment of surgical complications.
    - Sponsor 1 ICS endorsed session annually with a specific focus on surgical repair of fistula
    - Encourage participation in annual ICS fellowship and award opportunities to increase knowledge and skills in all aspects of obstetrical fistula.

- Advocacy
    - Identify a "champion" in the targeted areas who will lobby on behalf of both the ICS and the community.

- Establish and maintain links with other International Authorities & Societies also involved with fistula management, including WHO, UNFPA, Engender Health, EAU, AUA, SIU, IUGA, PACS, ISOFS, AFFCS and others.
- Fund raise with the support of the ICS to Supply Training Centers
- Fund raise to support fellowship and research award funds for healthcare professionals to visit other sites for education and experience.
- Work with local agencies on prevention strategies and to actively lobby for prevention of fistula.

3. **RESPONSIBLE TO:** ICS Board of Trustees and ICS General Secretary

4. **COMPOSITION:**

Total Members	**Method of Appointment**	**Name**	**Term of Office**
Chair:	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being ICS members. The Chair would normally have served as a committee member, either current or in the past. Nominations received by April 1st as advertised. Voting regulations as stated.	See Membership Page	Term of office: 3 years, but renewable after notification to the members at an AGM. ICS Bylaw #3.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form.		3 years, but renewable once by the Chair/Committee
Subcommittees	Zonal distribution of subcommittees in Africa (3 SC), India, Bangladesh, China, Russia, Latin America (1 Sc each)		3 years, but renewable once by the Chair/Committee
Updated February 2013			

5. **MEETINGS:** Two face-to-face meeting one during the Annual Scientific meeting; and one in mid-year (during the EAU meeting or according to the tasks of the committee) .

6. **QUORUM:** One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

7. **MINUTES:** Extract from the 2011 ICS Bylaws:

6 Minutes

6.1 Minutes of all General Meeting, Board of Trustee meetings, any formal meetings of ICS officials and ICS committee meetings must be recorded, and kept at the ICS office and published on the ICS website in the members only section.

6.2 Draft minutes of the meetings shall be sent to all those who attended for correction and subsequently made available to all ICS members via the website within six weeks of the date of that meeting.

6.3 Only a member attending the meeting in question may comment on the accuracy of the draft minutes. Any ICS member can comment on the subject discussed or the issues raised.

6.4 Sensitive issues will be recorded in the published minutes by the subject only.

8. REPORTING & ROLES: The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. The Chair is also required to be present at the Annual General Meeting should the membership have any questions over committee activities.

The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid term meeting. The date that this report will be required will be given in advance each year.

For Terms of Office information please see the Membership Page

Fistula Committee Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details	Renew	Stand Down	Additional Information
Sherif Mourad	Chair	26-Aug-10	29-Sep-13	3	Y	3 year term will finish 2013			**Stepping down in Barcelona**
Sophie Fletcher	Committee Member	01-Sep-11	30-Oct-14	3	N	3 year term will finish in 2014- can renew once			
Ahmed Saafan	Committee Member	18-Oct-12	03-Jul-15	3	N	3 year term will finish is 2015			
Diaa Rizk	Committee Member	18-Oct-12	03-Jul-15	3	N	3 year term will finish is 2015			
Ervin Kocjancic	Committee Member	18-Oct-12	03-Jul-15	3	N	3 year term will finish is 2015			
Chris Payne	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew			
Gilles Karsenty	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew			
Hassan Shaker	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew			
Jacky Cahill	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew			
Limin Liao	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew			
Suzy Elneil	Committee Member	29-Aug-13	15-Sep-16	3	N	3 year term will finish in 2016- can renew once by formal election			**New Committee Chair 2013**
Gill Brook	Committee Member	29-Aug-13	15-Sep-16	3	N	3 year term will finish in 2016- can renew once			**New Committee Member 2013**

Nominations 2014

1 position can be renewed Sophie needs to confirm if she wishes to renew, if not then 1 position available.

Key	
Colour	**Meaning**
	Stepping down in Barcelona
	Will need to confirm if renewing/ positions will need to be advertised after Barcelona
	New member/position

ICS Fistula Committee Report 2013

By : Sherif Mourad

During the last year 2012/2013 The Fistula Committee has worked hard to continue on the training programme through the fistula workshops.

The committee now has one main group of members. One elected member (Gill Brook) joined the main committee to replace Limin Liao.

Fistula Committee Members

Sherif Mourad

Chris Payne
Ervin Kocjancic
Sophie Fletcher
Gilles Karsenty
Hassan Shaker
Jacqueline Cahill
Limin Liao (Gill Brook)
Suzy Elneil
Ahmed Saafan
Diaa Rizk

Mission sub-committees

1. **Awareness and coordination with ICS CPC, PCC & Website:**
    a. Sophie Fletcher
    b. Jacqueline Cahill
    c. Sherif Mourad
    d. Limin Liao
2. **Communication/coordination with other medical organizations:**
    a. Chris Payene
    b. Gilles Karsenty
    c. Sherif Mourad
    Suzy Elneil
3. **Funding:**
    a. Jacky Cahill
    b. Ervin Kocjancic
    c. Ahmed Saafan
    d. Diaa Rizk
4. **Training:**
    a. Sherif Mourad
    b. All zonal chairs

5. **Follow up:**
    a. Ervin Kocjancic
    b. Hassan Shaker
    c. Sophie Fletcher

Zonal Task Forces

It was decided to keep the basic structure of the interim committee which divided the world's problem areas into zones with one committee member assigned to each zone.

Sub-committee	Zone	Sub-committee chair
Zone 1	Africa North East	Sherif Mourad
Zone 2	Africa West	Gill Karsenty
Zone 3	Africa Central	Suzy El Neil
Zone 4	Asia	Limin Liao
Zone 5	Americas	Chris Payne / E Kocjancic

Training courses:

- ***The first ICS Fistula Workshop*** was held at Ain Shams University Hospital in Cairo, 16-17 January 2010, in collaboration with the Pan Arab Continence Society (PACS). The workshop was led by Professor Sherif Mourad together with his associates Drs. Farahat, Farouk, Omar, Osman, Saafan, Shaker and Yassin. The participants were urologists, gynaecologists, and urogynaecologists from Senegal, Benin, El Salvatore, Honduras, USA, United Kingdom, Indochina, Saudi Arabia and South Korea. Some came from countries where obstetric fistula is endemic, or endemic in neighbouring countries, while others had a special interest in going to areas where this physically and socially debilitating medical tragedy occurs in order to help as a surgeon. Some participants in poorly funded countries were supported by the ICS for the cost of travel and the workshop.
- The committee plans to create an internet based course that will be taken by participants prior to the workshop. This will allow the workshop to then focus much more on technical details of the surgery.

- ***The second ICS Fistula Workshop*** in Kampala – Uganda; Following on from the success of the 2010 Fistula Workshop, the ICS offered 5 ICS members the chance to attend the 2011 Surgical Repair to Vagina Fistula Workshop in Uganda. The workshop took place between 28th-30th April in Kampala at the Kibuli Hospital, organised by Dr Sherif Mourad.
- The trainers included:
  *Sherif Mourad (Director of the workshop and ICS Fistula Committee Chair)
  *Hassan Shaker (ICS Fistula Committee Member)
  *Mohamed Yassin (ICS Member)
  *Ahmed Saafan (ICS Fistula Committee Member)
- The trainees were ICS members from Burkina Faso, Jordan, Egypt, Canada and Mexico.
- The workshop started with the theoretical section as seen in the programme and then the practical/ surgical section which took place along 3 days.

- Sherif arranged for the trainees to experience 12 cases initially, but during the workshop the delegates in fact underwent more than 30 cases! The cases included all the different types of vaginal fistulas; low fistulas, high fistulas, multiple, simple, recurrent up to 6 times fistulas, complex and rectovaginal fistulas. The trainees also performed cases of urethroplasty and urethral reconstruction. The approaches were both vaginal and abdominal approaches. Also Ureteric reimplantation was performed and I operated on a rare case of vesico-uterine fistula.
- The workshop was a great success on the national level, and was noted in the local newspapers, Radio and TV.
- Whilst in Kampala Sherif Mourad discussed with local authorities (MOH, University and national hospital director) the possibility of establishing a large training center in Kampala as a referral center for East Africa for the treatment of Vaginal fistula. He also met with UNFPA representative in Uganda and we discussed the possible motions of preventive measures of this big problem.

- ***The ICS Fistula Surgical training course*** in Chengdu – China. Limin Liao the China subcommittee chair organized an ICS fistula course in collaboration with the Chinese Continence Society. Sherif Mourad was invited to perform live surgical training for fistula repair. Two live surgeries were performed and transmitted directly to the conference room where all the audience were following the entire steps of the procedures and well translated by Limin and other Chinese gynecological Professors. This was followed by a lecture and extensive discussion about the possible complications of fistula repair given by Sherif Mourad who represented the ICS. The follow up reports from China showed that the 2 cases are completely dry and are doing very well.

- ***The third ICS Fistula Workshop*** was set up and run by the Chair of the ICS Fistula committee, Professor Sherif Mourad. The faculty included Dr Hassan Shaker, Dr Ahmed Saafan and Dr Mohamed Hussein, all from Ain Shams University and Suzy Elneil, from University College Hospital in London. The course took place at Luxor International Hospital, which is based in the ancient city of Luxor in Egypt. Luxor was the ancient city of Thebes, the great capital of Egypt during the New Kingdom, and the glorious city of the god Thebes. Ten delegates attended the two and half day foundation course in the study of fistula surgery, and all its ramifications. The delegates were a true international mixture coming from Egypt, Jordan, Puntland in Somalia, Turkey, Switzerland, United Arab Emirates and United Kingdom. Roughly half of the candidates were urologists and half were obstetricians and gynaecologists. All of them had had exposure to fistula surgery and some were already surgeons working in this field. On the morning of the first day, we ran a basic theory course on the anatomy, aetiology and pathophysiology, surgical techniques, complications and the management of complications of patients with obstetric and iatrogenic fistula. In the afternoon we started with two cases in adjacent theatres. The cases were both small juxta-cervical vesicovaginal fistulas in women who had suffered obstetric trauma. Both were repaired successfully, and on our post-operative ward rounds over the following two days both patients were making a good recovery. Candidates were divided into two groups, one group divided between the two theatres and one group observing the surgery through a video-link. Some of the faculty were based in the hall and some in theatre, thus facilitating a continuous two-way dialogue between the theatre and the hall. The candidates found this to be very useful, as they were able to ask questions throughout surgery.

- On the second day, the team operated on five complex cases. The cases included a recurrent obstetric cervico-vesico-vaginal-uterine fistula (who needed a hysterectomy), two patients with severely contracted bladders following primary obstetric fistula repair several years ago who needed bladder augmentation. On day three, three patients underwent surgery. They included a patient with recurrent vesico-vaginal fistula that occurred 25 years after primary repair and two patients with urinary stress incontinence post-primary fistula repair. All patients made a good recovery post-surgery and on our post-operative round later on the third day, we were welcomed by the patient's families and photographed! We felt honored to be received in such a wonderful way.

- The feedback from the candidates was very positive. They found the ICS course to be 'intensive', 'informative', 'excellent' and 'perfect for what I hope to do later this year'. These are direct quotes from some of the candidates. Several candidates were on the verge of starting work with different hospitals in Africa with colleagues in the field in fistula surgery. The faculty were able to provide guidance. Some of them will be joining members of the faculty in their on-going fistula work in sub-Saharan Africa.

- The ***4th ICS Fistula Workshop*** in Kampala – Uganda on December 13-15th, 2012.
- The trainers included:
  *Sherif Mourad (Director of the workshop and ICS Fistula Committee Chair)
  *Mohamed Yassin (ICS Member)
  *Ahmed Saafan (ICS Fistula Committee Member)
  *Mohamed Metwaly (ICS Member)

- The ***5th ICS Fistula Workshop*** in Kampala – Uganda on June 6-8th, 2013.
- The trainers included:
  *Sherif Mourad (Director of the workshop and ICS Fistula Committee Chair)
  *Ahmed Saafan (ICS Fistula Committee Member)
  *Mohamed Metwaly (ICS Member

It is quite clear that the ICS Fistula course provides a good starting point for those doctors who wish to learn more about fistula surgery. It covers obstetric, traumatic and iatrogenic fistula and also deals with the complications seen post primary repair, such as contracted bladders and urinary stress incontinence. Furthermore, it provides a platform from where surgeons can take a confident leap into providing care for these women and children, who have suffered such devastating injuries. This makes it a comprehensive and laudable course. It is likely that in years to come this course will need to be expanded, as interest in this field continues to grow.

Fistula Website:
The fistula website is designed in a collaborative work between the FC, the CPC and probably the PCC with Sophie Fletcher and Jane Meijlink as the director of the process. The news and activities of the fistula committee will be available on line, together with some educational material including teaching power point slides and videos of fistula repair.

In fact a dedicated video showing the different aspects of the fistula committee will be produced by the ICS office with the help of Jane and other members, to be available on line as well.

Fistula Fact Sheet:
Jane Meijlink together with Sophie Fletcher and Sherif Mourad produced a balanced fistula factsheet that was well reviewed and approved by the committee members to be added to other factsheets of ICS.

Plans:
The committee is still planning for more training courses in Uganda, Egypt, Rowanda and Tanzania.

The ICS Fistula Center in Kampala:
Sherif Mourad and other members are still in the agreement process with the Ugandan authorities namely the Ministry of Health and Mulago University Hospital to sign a MOU for the fistula center that will serve as a referral center for East Africa.

The video production:
A well designed video about the whole fistula problem was produced by the ICS CPC with great effort done by Vasan Srini who supervised this task.

Budget:
The committee will be seeking a budget (calculated by the office) to cover the following:
- One or Two training courses (5 fully sponsored, 5 not sponsored).
- Books and printing materials for awareness
- Supporting a speaker representing the ICS once or twice a year.

Communications:
The committee is planning to communicate and collaborate with all the societies and associations who are interested in this field as: UNFPA, IUGA , SIU, PACS, ISOFS, EAU, WHO, AUA and AFFCS.